

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCUR					
25-SEP-2015	21:04:00	906 N CENTRAL PARK AVE CHICAGO, IL 60651	290	1112					
SUBJECT INFORMATION <input type="checkbox"/> DNA	6. POSITION	7. LAST NAME	8. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.
	9161	CRONIN	ERIC S	11828	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHI	600	200	
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?			
	15-MAR-2013		011 1123	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 03 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.	
ANDERSON	JAMES		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK		510	150		
28. TELEPHONE NO.	30. WAS SUBJECT ARMED?/KNIFE/OTHER CUTTING INSTRUMENT?	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	KNIFE/OTHER CUTTING INSTRUMENT: <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED						
MOUNT SINAI HOSPITAL		01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	37. CB NO. IR NO. <input type="checkbox"/> DNA 00000000						

REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	SUBJECTS ACTIONS		FLED		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
	STIFFENED (DEAD WEIGHT)		PULLED AWAY		OTHER		<input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON		WEAPON	
	OTHER		OTHER		OTHER		<input type="checkbox"/> OTHER		OTHER	
	MEMBER'S RESPONSE		OPEN HAND STRIKE TAKE DOWN/EMERGENCY HANDCUTTING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Stun Displayed) OTHER		EUROW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40)		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER	

WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION		
	POSITION	STAR NO.	UNIT			
	41. WEAPON TYPE	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED:	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial
	44. WEATHER CONDITIONS	<input checked="" type="checkbox"/> CLEAR				
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE		
49. TASER CART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.		
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED		
59. WHO FIRED FIRST SHOT	<input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	
63. HOW WAS MEMBER'S HANDGUN DRAWN	<input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	<input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)			
65. Q/D MEMBER USE SIGHTS	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED					
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	<input type="checkbox"/> 01 0 - 10 FT. <input type="checkbox"/> 02 10 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.					
69. POSITION OF MEMBER DISCHARGING WEAPON	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					

CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT):		<input type="checkbox"/> OEMC	<input type="checkbox"/> DSS & LT./DIST. OF OCCUR.	<input type="checkbox"/> CPIC	
	NOTIFICATIONS (FIREARM INCIDENT):		<input type="checkbox"/> OEMC	<input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC	<input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.	
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
	73. REPORTING MEMBER (Print Name)	STAR NO.	1462	SUPERVISOR NO.	SIGNATURE	
	SLECHTER, SCOTT M 26-SEP-2015 02:35:08					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
74. REVIEWING SUPERVISOR (Print Name)	STAR NO.	119	SIGNATURE	DATE REVIEWED	TIME	
FLETCHER, CHRISTOPH D				26-SEP-2015 02:52:45		

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)
Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer CRONIN acted in compliance with Department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO 1077328 DETAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) FLETCHER, CHRISTOPH D	SIGNATURE 	DATE COMPLETED 26-SEP-2015 TIME 02:54:14
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79. TOTAL TRR's THIS EVENT No.